



Substitute Authorization Renewal Application

Board of Educational Examiners
Use Only

**(Note: Do NOT use this form
to renew a Substitute
Teacher License! Use the
License Renewal form.)**

Revised 10/07

Directions:

1. Complete this renewal application form.
2. Enclose the \$85.00 non-refundable Substitute Authorization fee made payable to the **Board of Educational Examiners, Licensure, Grimes State Office Building, 400 E. 14th St., Des Moines, IA 50319-0147.**
3. Attach the official verification of completion of the 30 contact hours or 2 semester hours of credit required for renewal of the Substitute Authorization.
4. Renewal requirements for the substitute authorization include verification of completion of a mandatory child and dependent adult abuse class approved by the state abuse education review panel. Please submit a photocopy of the certificate that you received upon completion of the course. The class must have been completed within the past five years.
5. Please allow four weeks for processing.

*Name changes require a photocopy of official legal documentation.

To be completed by applicant. Use black or blue ink.

Applicant's Folder #	Social Security #	Date of Birth Month Day Year	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	Middle Name	Maiden Name
Address	City	State	Zip Code
Home Phone ()	Work Phone ()	Email Address	

Background Information:

For any "Yes" response, attach a written explanation on 8 1/2" x 11" paper. Be sure to include the date of the violation. DO NOT explain on this application form. *If you have reported a "Yes" response on a previous application, check "PR" (previously reported) instead of "Yes" on this application, if no further conviction(s) has occurred.

- a. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a felony?
- b. Yes ☐ No ☐ PR ☐ Have you ever been convicted of a crime other than parking or speeding violations?
(NOTE: Include all deferred judgments.)
- c. Yes ☐ No ☐ Do you currently have any criminal charges pending against you?
- d. Yes ☐ No ☐ PR ☐ Have you ever had a founded report of child abuse made against you?
- e. Yes ☐ No ☐ PR ☐ Have you ever had an educational license denied, revoked, or suspended?
- f. Yes ☐ No ☐ Are you a United States citizen? If you answered "No," check if you are:
☐ a qualified alien (as defined in 8 U.S.C.A. § 1641). If so, please provide appropriate documentation.
☐ an alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. If so, please provide appropriate documentation.
☐ a foreign national not physically present in the United States.
☐ other – Please provide a detailed explanation on a separate 8 ½ x 11 sheet of paper

Statement of Fraud:

An application will be considered fraudulent, and may be denied, if it contains any false representation or omission of material fact, or if false records are submitted in support of the application.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding information is true and correct.

Signature of Applicant

Date

THE SUBSTITUTE AUTHORIZATION ISSUED PRIOR TO MAY 10, 2006, WAS A ONE-YEAR AUTHORIZATION. TO RENEW AND CONVERT THIS ONE-YEAR AUTHORIZATION TO A THREE-YEAR AUTHORIZATION, PLEASE SUBMIT THE ONE RENEWAL CREDIT THAT WAS REQUIRED, THE CHILD AND DEPENDENT ADULT ABUSE TRAINING CERTIFICATE, AND THE SUBSTITUTE AUTHORIZATION RENEWAL APPLICATION. THE FEE FOR THIS CONVERSION IS \$85. A THREE-YEAR SUBSTITUTE AUTHORIZATION WILL THEN BE ISSUED.